

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	26/03/2018 08:42
Date Of Accident	23/03/2018 15:50
Exact Location Of Accident	BEDOK NORTH AVENUE 3 TOWARDS BEDOK NORTH STREET 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7502S
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	YAP KIM PEOW
NRIC No	S0050019D
Date Of Birth	05/03/1944
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1965
Driving Experience	52 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91425382
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 915 TAMPINES STREET 91 #11-43
Postcode	520915
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20180324/2038

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4114Z
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKP8463E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver JAMIE
NRIC/Passport Number S8915219D
Contact Number 82884592

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YAP KIM PEOW
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHB7502S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180324/2038

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20180324/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2018 11:50		Vide Report No.:		Station Diary No.: 62	
Informant's Particulars					
Name of Informant: YAP KIM PEOW			Address: APT BLK 915 TAMPINES STREET 91 #11-43 SINGAPORE 520915		
ID Type / ID No.: NRIC NO / S0050019D			Contact No.: Home/Office: Mobile: 91425382		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 74	Date of Birth: 05/03/1944	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/03/2018 15:50	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BEDOK NORTH AVENUE 3 BEDOK NORTH STREET 1 JUNCTION OF BEDOK NORTH AVENUE 3 AND BEDOK NORTH STREET 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB4114Z	Car					1
SHB7502S	Car				Slightly Damaged	1
SKP8463E	Car					0



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180324/2038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YAP KIM PEOW	ID No.	S0050019D
Related Vehicle	SHB7502S (Car)	Contact No.	91425382
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/03/2018	Date Discharge	24/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	JAMIE	ID No.	S8915219D
Related Vehicle	NIL	Contact No.	82884592
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/03/2018 at about 1550hrs, I had a male Chinese passenger in my Trans-cab taxi bearing the registration SHB7502S and the destination will be at B/216 Bedok North St 1. I was at the traffic junction of Bedok North Ave 3 and Bedok North St 1, waiting for the oncoming traffic to clear. I waited for about 30 over seconds and suddenly I felt an impact coming from the rear of my taxi. I was shocked after the impact and I came out of my taxi to make a check. I discovered that a blue colour Comfort Delgro taxi had collided onto the rear of my taxi. I then realized that there was a private car (SKP8463E) who is also involved in the collision. The female driver of the private car had apologized to both the taxi driver and myself. She then wished to settle it privately however both the taxi driver and myself did not agreed to it and will let our taxi companies to settle it.

The taxi driver and I both had a passenger each and the two passengers informed that they do not need any medical attention and left the place. None of the drivers had complained of any injury and after exchanging particulars, all of us left. Only the taxi driver did not gave his particular to me. I only have his vehicle number (SHB4114Z).

My vehicle suffered crack on the rear bumper.

On 23/04/2018 at about 1030hrs, I had went to the private clinic (A Life Clinic Pte Ltd) for medical treatment as I felt pain on my neck area. The doctor then gave me 03 days of MC.



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T/20180324/2038

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Report No. T/20180324/2038

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180324/2038

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Report No. T/20180324/2038

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93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sr Staff Sgt MOHAMAD FAZLI BIN MOHAMAD
ZAIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/03/2018 11:50

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 168

Signature

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHB7502S
Vehicle to be Exported:	Yes
Intended De-registration Date:	26 Mar 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1447440K
Chassis No.:	KL1LA69RJBB072628
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$13,834.00
Original Registration Date:	13 Mar 2012
First Registration Date:	13 Mar 2012
Transfer Count:	0
Actual ARF Paid:	\$13,834.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Mar 2020
PARF Rebate Amount:	\$8,992.00
Intended COE Rebate Details	
COE Expiry Date:	12 Mar 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$40,962.00
COE Rebate Amount:	\$10,023.00
Total Rebate Amount:	\$19,015.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 26 Mar 2018

OK